

Site Review Form

Note: This is to be conducted within the first 4 weeks of site operation.

Date of Site Visit: _____

Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Phone Number: _____

Site Supervisor Name: _____

Site Type:

Open Closed-Enrolled Non-residential Camp Residential Camp

Average Daily Participation: _____

Today's attendance: _____

Approved Meals:

Breakfast AM Snack Lunch PM Snack Supper

Meal Observed: _____

Approved Meal Service Time: _____

Day of Visit	Meal Observed: _____
# meals delivered (if applicable)	
# meals leftover from previous day	
Time meals delivered (if applicable)	
Time Meals Served	
# First Meals Served to Children	
# Second Meals Served to Children	
# Meals Served to Program Adults	
# Meals Served to Non-Program Adults	
# of discarded meals (dropped/spoiled/incomplete)	
# of Meals Leftover	

1. Has the Site Supervisor and other site personnel received training? Yes No
2. Does the site have sufficient meal service supervision? Yes No

3. Are meals counted/checked before signing delivery receipt (if applicable)?
 Yes No
4. Are Point of Service meal counts properly taken and recorded? Yes No
5. Are second meals served? Yes No If yes, is this excessive? Yes No N/A
6. Are adult meals being tracked? Yes No
7. Do meals meet meal pattern requirements? Yes No
8. Are proper food safety and sanitation practices followed during the receiving, storage, and preparation of food, service of meals, and handling of leftovers?
 Yes No
9. Is the meal adjustment procedure sufficient? Yes No
10. Are meals served during the time approved by the State Agency? Yes No
11. Are all meals served and consumed on-site? (It is up to the sponsor's discretion to allow **either** a fruit, vegetable, or grain to be taken off site). Yes No
12. Is there an "And Justice for All" non-discrimination poster on display in a prominent place? Yes No
13. Are meals served to children regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity, or marital/civil union status? Yes No
14. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages? Yes No
15. Are reasonable modifications provided to accommodate students with disabilities? Yes No
16. Are materials regarding the availability and nutritional benefits of the program provided in languages other than English, as necessary? Yes No

Did any of the following program violations occur?

1. Adult meals included in the count of meals served to children Yes # _____ No
2. Meals consumed off-site Yes # _____ No
3. Meals served outside approved meal service time Yes # _____ No
4. Non-unitized meals (without a waiver) Yes # _____ No
5. Did not comply with the SFSP meal pattern; meals missing and/or inadequate components Yes # _____ No

Check and explain if any of the following apply:

This institution an equal opportunity provider.

- No records
- Incomplete records
- Poor sanitation

Corrective Action discussed with (Name and Title): _____

Corrective Action taken: _____

Site Supervisor's comments: _____

Further action needed by date: _____

I certify that the above information is correct:

Monitor's name: _____

Monitor's signature: _____ Date: _____

Site Supervisor Name: _____

Site Supervisor Signature: _____ Date: _____